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APPLICANTS
 Birgit Oppmann, Berlin, GERMANY;
 Jacqueline C. Timans, Mountain View, CA;
 Robert A. Kastelein, Redwood City, CA;
 J. Fernando Bazan, Menlo Park, CA;

**** CONTINUING DATA *******

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
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Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY GERMANY	SHEETS DRAWING 0	TOTAL CLAIMS 30	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS
28008

TITLE
MAMMALIAN CYTOKINE COMPLEXES

FILING FEE RECEIVED 1166	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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